



## PUBLIC RECORD INSPECTION/COPY REQUEST AND RECEIPT

**Request Received:** Date \_\_\_\_\_ Time \_\_\_\_\_ Department \_\_\_\_\_

In Person ☐ Phone ☐ Letter ☐ Fax ☐ eMail ☐ \_\_\_\_\_

**Requester:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Description Of Record(s) Requested:** (Be as specific as possible; name, location, date, etc. Please attach additional sheet if necessary.) (Note: Disclosure/release of records related to road safety does not imply waiver by the County of rights provided by 23 USC 409, or 46.52.080 RCW, or other law.)

**Does requested record contain a list of individuals?** No ☐ Yes ☐. If answer is "yes," Requester must complete and submit affidavit Form #2 before access to record requested can be allowed. (Attach completed Form 2 to request).

Form 2 received: Date \_\_\_\_\_ Time \_\_\_\_\_

**Approval For Release Of Record:** (Public Records Officer or Public Records Specialist)

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Public Records Officer / Public Records Specialist

Printed name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dept: \_\_\_\_\_

**Record Provided to Requester:** Date \_\_\_\_\_ Time \_\_\_\_\_

<b>Copy Order and Receipt:</b>	<b>Copy</b>	<b>Other</b>
Total Number of pages copied:	_____	_____
Price per copy:	\$ _____	\$ _____
Copy Fee: (multiply lines 3 & 4)	\$ _____	\$ _____
Additional charges: (postage, container, etc.)	\$ _____	\$ _____
Total charges (Paid: date/time )	\$ _____	\$ _____